

Provider Name _____

ATTACHMENT B SPECIAL PROVISIONS

QUALIFICATIONS AND RESPONSIBILITIES OF SERVICE COORDINATION PROVIDERS UNDER EMPLOYMENT-RELATED PERSONAL CARE SERVICES (EPAS)

Employment Related Personal Care Services (EPAS) is a Medicaid service administered through the Utah Department of Health, Division of Health Care Financing, and the State Medicaid Agency. EPAS operates in accordance with all established federal and state requirements for the overall Medicaid program. EPAS was developed to provide Medicaid recipients with disabilities personal care attendant services that are needed to maintain competitive employment of at least 40 hours per month.

EPAS is intended to be utilized in conjunction with other formal and informal support systems and contributes to the health, safety and welfare of the targeted population. Service Coordination Services are one component of this coordinated long term care service delivery system. The role of providers of EPAS Services must be clearly defined in order to ensure participant needs are identified and services are provided to support successful community employment.

To participate as a Service Coordination Provider, the Provider will meet all of the following qualifications prior to providing services:

1. Possess a Bachelor's Degree, preferably in a human services or related field **or** can substitute a year of equivalent work providing services to the target population for each year of the required education.
2. Obtain and submit a current copy of their Utah Criminal History (Criminal Background Check) and a copy of their state or federal photo identification.
3. Have an applicable business license.
4. Have appropriate general liability/ professional liability insurance.
5. Attend EPAS Service Coordination training to be provided by State Medicaid Agency staff and demonstrate required competencies for service coordination, protocol and procedures.

Responsibilities of EPAS Service Coordination Providers are to:

1. Develop a **comprehensive care plan** based on assessed needs (using the completed MDS-HC) and other available resources.
2. Update care plans annually and as needed to address changing needs. This may

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include periodic (annual and at significant change) reassessments to determine the services and supports required by participants.

3. Notify State Medicaid Agency of any significant change that would affect eligibility for EPAS. Significant changes would include changes in health, employment, or Medicaid status (such as becoming eligible for Medicaid waiver services).
4. Provide support to participants with identifying non-Medicaid resources that may meet their needs to maintain employment (i.e., education, vocational rehabilitation, and other work-related programs).
5. Provide support to participants with accessing Medicaid State Plan services and coordinate services across all Medicaid programs to achieve a holistic approach to care.
6. Provide support to participants with selecting EPAS service providers as needed, including agency or self administered services as well as Financial Management Services that would best meet his/her individual needs.
7. Obtain approval from the Department of Health, Division of Health Care Financing, State Medicaid Agency prior to implementing or modifying the comprehensive care plan.
8. Educate participants on their right to free choice of providers and services.
9. Monitor on an ongoing basis the participant's health and safety status. In-person contact with a participant must be made based on assessed need and at least annually.
10. Adhere to the EPAS Disenrollment Protocol when disenrolling any participant from the program.
11. Follow the EPAS Incident Reporting Protocol. Respond to concerns and incidents reported by participant and/or service providers regarding participant's health, safety and/or welfare. Receive, maintain, and submit a record of incident reports, as per protocol, relating to EPAS participants.

Direct marketing to participants by a Service Coordination Agency is prohibited. Service Coordinators may develop educational information that will be distributed to EPAS participants by the State Medicaid Agency.

All forms utilized for EPAS must be approved by the State Medicaid Agency prior to dissemination to participants.

Provider Name_____

Type or Print **PROVIDER** Name

Type or Print Name of Corporation

PROVIDER Address

Telephone Number

PROVIDER Signature

Date

Provider Qualification Checklist

- ☐ Evidence of Post-Secondary Education and/or resume
- ☐ Copy of Utah Criminal Background Check Report
- ☐ Completed Medicaid Provider Enrollment
 - Utah Medicaid provider application
 - Copy of professional or business license
 - Copy of IRS Form W-9 with current Taxpayer ID Number
 - Ownership Disclosure Information
 - Ownership Disclosure Form
 - Utah Medicaid provider agreement, signed and dated
 - Direct Deposit Authorization Form for EFT
- ☐ Copy of State or Federal Photo Identification
- ☐ Proof of general liability/ professional liability insurance
- ☐ Completed required training for EPAS Service Coordination Providers